



**MEDICAL ABSENCE REPORT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Patient's Signature)

Has been under our care for the following: \_\_\_\_\_

He / She will be able to return to school / work on \_\_\_\_\_, 20\_\_

Activity Limitations: \_\_\_\_\_

☐ Light Duties Only    ☐ No Restrictions

Dr. \_\_\_\_\_  
(Physician's Signature)

22-2208

112-

**Instructions:**

Change addresses to reflect your city, state, and zip code. Enter fictional phone number. Fill in the blanks and check off limitations (if any).

Print on a color laser printer and cut with a paper cutter for the very best results. Be certain that the print quality is at the highest possible (File > Print > Properties > Print Quality – High)

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